

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43348

FILED DEC 27 1950

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|--|--|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>302</u> | | PRIMARY REG. DIST. NO. <u>6193</u> | | Registrar's No. <u>29</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Carroll</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallister</u> | | c. LENGTH OF STAY (in this place) <u>2 hrs 8 da</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Forest</u> | | 8030 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>not named</u> | | | | d. STREET ADDRESS (If rural, give location) <u>not named</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>E.</u> c. (Last) <u>STITES</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1950</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 15, 1869</u> | | | |
| 9. AGE (in years last birthday) <u>81</u> | | 10. MONTHS <u>4</u> | | 11. DAYS <u>19</u> | | 12. HOURS & MIN. <u>19</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTH PLACE (State or foreign country) <u>Charleston, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>John Stites</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Green</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nethie Stites</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (a) or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. C. Gibson</u> ADDRESS _____ | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal Vase Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>6 mo</u> <u>4 3 x</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 10, 1950</u> , to <u>12-4, 1950</u> , that I last saw the deceased alive on <u>12-2, 1950</u> , and that death occurred at <u>9:15 A. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. C. Gibson</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>15 Ransom Mo</u> | | 23c. DATE SIGNED <u>12-4-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-8-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pickens Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Green Forest, Arkansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Dec. 9-1950</u> | | REGISTRAR'S SIGNATURE <u>A. E. Cogswell</u> 376 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Nelson - Berryville, Ark.</u> ADDRESS _____ | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 11 1950
Dist. File 1250-2438
Date Filed 12-13-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Lloyd R. Winicott

Licensed Embalmer No. 3857

P. O. Address Berryville, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.